An Investigation into People's Attitudes after the Death Of a First Degree relative

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Abstract

Bereavement is a universal experience, everyone loses someone at some stage in their lifetime. However, responses to these extreme life events can vary greatly in severity and length. This study compared groups of people who lost a child, a spouse, a sibling or a parent against non-bereaved individuals. It also compared if they did not reminisce or accept the past experience and they're consequent attitudes towards life. The study was conducted using the Accepting the past/Reminiscing about the past questionnaire and the Becks Hopelessness Scale. The study found that those who had lost a child had more negative attitudes towards life, compared to the other groups. It was also found that there was no significance between those who didn't accept/reminisce and they're negative attitudes towards life .The study also found no difference in attitudes between those who underwent counseling and those who didn't.

Introduction

Bereavement is a universal experience, everyone loses someone at some stage in their lifetime. Grief is an unavoidable and normal reaction to loss, however, for many years it was widely believed that grief would lead to lasting psychological problems if mourners failed to sever all attachments with the deceased or took too long to reach a final state of adaptation (Bowlby, 1980; Raphael, 1983). Adaption can be defined as how individuals adjust internally and externally to their loss. It requires persons to formulate their definitions of who they are and what they lost, and redefine and reformulate their assumptive world.

Silvermann (1986) coined the term adaptive strategies, which is how an individual tries to deal with the loss. They can include *cognitive strategies* such as redefinition and reframing, logical analysis, avoidance or denial; *affective strategies* such as affective regulation, ventilation or acceptance; *spiritual strategies* such as prayer or *behavioural strategies* such as looking for information and support, physical activity, taking action to solve subsidiary problems or acting on behaviors. Silvermann stated that any strategy may complicate or facilitate one's response to the crisis. For example some strategies of avoidance may allow one to function at work, but abusing alcohol to avoid grief can create other difficulties such as relational problems.

After the death of a loved one, bereaved individuals may feel sadness, anger, guilt, anxiety and despair (Prigerson et al,2009).They may constantly think about the deceased person and about the events leading up to the person's death, they can have physical reactions to their loss such as problems sleeping which in turn can cause them to become ill. Socially, they may find it difficult to return to work or to see friends and relatives (Holland et al,2009).These psychological, physical and social consequences can be viewed either as

stressor experiences (Burnell & Burnell, 1989) or as part of the coping process (Hall & Irwin, 2001). For most people, these painful emotions gradually diminish, but for others the grief reaction lingers and becomes increasingly debilitating.

Theories:

Current thinking on the topic of loss and mourning rests on foundations constructed by the British psychiatrist, John Bowlby (1977), who put forward the "attachment theory" as a means of understanding the powerful bonds between humans and the disruption that comes when the bonds are jeopardized or destroyed. The bonds are formed because of a need for security and safety, are developed early in life, are long enduring, and are directed toward a few special individuals. In normal maturation, the child becomes more independent, moving away from the figure of attachment, and returning regularly for safety and security. If the bonds are threatened, the individual will try to restore them through crying, clinging, or other types of coercion; if they are destroyed the biological function of assuring proximity with attachment figures becomes dysfunctional. Consequently, the bereaved person struggles between the opposing forces of activated attachment behavior and the reality of the loved one's absence.

Bowlby stated that in order to deal with these opposing forces, the mourner goes through four stages of grieving: initial numbness, disbelief or shock, yearning or searching for the lost person, accompanied by anger and protest; despair and disorganization as the bereaved gives up the search, accompanied by feelings of depression and hopelessness; and reorganization or recovery as the loss is accepted, with a gradual return to former interests.

Bowlby maintained that there was a relationship between a person's attachment history and how he or she will react to the loss of a loved one. Recent studies have shown that there are connections between attachment style and bereavement response (Parkes, 2002; Servaty-Seib, 2004; Wayment & Vierthaler, 2002). They found that the anxious/ambivalent style can result in extended, "chronic," or "complicated" grief, the avoidant style can result in "absent grief," and the disorganized/disoriented style can result in signs of learned helplessness when facing the death of a loved one.

Attig (2001) has argued that developmental theories view grief as passive, with few choices for grievers, he contends that grieving is active, presenting bereaved individuals with challenges, choices, and opportunities. It questions the necessity of "grief work"—traditionally accepted as an essential cognitive process of confronting loss (Parkes,2001). Attig presented an active model of grief in which the task of the bereaved person is to relearn the world in terms of physical surroundings, relationships, and who he or she is.

In contrast, the dual-process model of coping (Stroebe & Schut, 2001) suggests that active confrontation of loss is not necessary for a positive outcome; there may be circumstances when denial, avoidance of reminders, and repressive strategies are essential. The dual-process model concurs with the findings of social-functional research (Bonanno, 2001) that minimizing expression of negative emotions and using laughter as a dissociation from distress may improve functioning. This model assumes that most individuals experience an ongoing alternation between *loss orientation* (coping with loss through grief work, dealing with denial, and avoiding changes) and *restoration orientation* (adjusting to the life changes triggered by the death, changing routines, transitioning to a new equilibrium and avoiding grief).

Mourning is analogous to physical healing, what occurs with time is a gradual acceptance of and adaptation to a painful, irretrievable loss (Furman, 1978). Adequate and appropriate social support has been recognised as important for limiting adaptation problems after the death of a spouse or other close family member (Maddison & Walker, 1967; Raphael, 1977; Stylianos & Vachon, 1993). However, Lund, Caserta and Dimond (1986) found that social support was a moderate predictor. They stated that social networks often have both positive and negative aspects, for example offering encouragement or placing unrealistic expectations on the griever.

Attachment Types:

The intensity of the grief may increase with the intensity of the attachment to the deceased (Shear & Shair, 2005). Jacobs (1999) pointed out that the loss that triggers a prolonged grief reaction may occur when the loss is personally devastating, with or without the occurrence of a traumatic event. In these cases, the loss itself may be experienced or perceived as traumatic.

Parental Death:

Parental death is seen as having long-term effects on development through a cascading process by which changes in the individual and environment at one stage of development influences later changes in the individual and environment. Brown et al (1986) conducted longitudinal research on the development of depression in adult women; the study provided an illustration of a cascading process for girls who experienced the death of a parent in childhood. Data showed that lack of care from the surviving caregiver following the death led to a sense of helplessness in girls and exposure to multiple stressful events in the family (e.g., conflict), which then led girls to become involved with anti-social peers and develop

unstable attachment /romantic relationships. Over time, bereaved girls experienced increasingly serious stressors, such as premarital pregnancy. Poor coping with these adversities led to unsupportive and unstable romantic relationships, exposure to additional serious adversities, and vulnerability to depression in adulthood. In a separate study, Haine, Ayers, Sandler, Wolchik and Weyer (2003) found support for self-esteem and control beliefs as additional individual-level protective resources for parentally bereaved children. Worden (1991) found that boys were more likely to self report their conduct as worse, suggesting that some of their grief was manifested in acting out behaviours.

Sibling Death:

Even in the same family, sibling grief reactions are not the same, they can be understood best in relation to individual characteristics (e.g., sex, developmental stage or relationship to the deceased sibling). Studies have not found behavioural differences in school-age children who have experienced parental death or sibling death, but they have found gender differences, with boys more affected by loss of a parent and girls more affected by death of a sibling, especially a sister (Worden, Davies, & McCown, 1999). Initial negative outcomes and grief reactions of siblings include drop in school performance, anger, sense that parents are unreachable, survivor guilt, and guilt stemming from sibling rivalry (Schaefer & Moos, 2001). Long-term changes appear to be positive, especially in terms of maturity, which adolescents relate to appreciation for life, coping successfully, and negotiating role changes. Adults who lost siblings in childhood have reported that these losses brought greater insights into life and death (Schaefer & Moos, 2001).

In later adulthood, sibling death is the most frequent death of close family members, yet researchers have largely overlooked this form of loss. Unfortunately, research on sibling

grief to date has consisted primarily of cross-sectional investigations that rely on retrospective data, and longitudinal data treated as cross-sectional due to small sample sizes. Surviving siblings have been found to experience functioning and cognitive states similar to those of surviving spouses (Moss, Moss, & Hansson, 2001).

Spousal Death:

Considerable differences between widowers and widows regarding the physical and psychological reactions to an event as well as the coping strategies have been found. One set of studies suggest that men suffer more after losing their partner than women, whereas others report more health complaints of bereaved women. Miller & Wortman (1991) examined the impact of loss for the one who is left behind. Traditionally, women were dependant economically on their husbands. Therefore, in addition to the loss of the intimate partner, women also face the loss of income and financial security, which in turn could enhance the vulnerability for illness and the frequency of ailments. The risk seems to be greatest for men during the first six months of bereavement.

There may be several reasons for this gender difference: Men typically have a smaller social network than women, so their loss cuts more deeply into their network (Weidner, 1991). Bereavement occurs at an older age for men than for women because men, on average, die earlier than their spouses, due to age differences in couples and biological gender differences in longevity. As a result, the death of a wife leaves a man who is older and more in need for support. Moreover, men usually confide in their spouse as their only intimate partner, whereas women cultivate a larger network of family members and friends, to whom they find it easier to turn in times of need. This higher social integration and support may buffer the stressful experience of losing their husbands.

One reason why the loss of a spouse can have such a powerful impact on well-being is that it can deprive the bereaved person's life of meaning (Marris, 1958). Lehman, Wortman, and Williams (1987) found that of those who lost their spouse in a car accident, 68% had not found meaning in the loss 4–7 years later. In contrast, in a sample of elderly, conjugally bereaved individuals whose spouses died of various causes 71% did not search for meaning 6 – 18 months post loss (Bonanno et al 2004). Bereaved spouses often feel a bond with the deceased that can continue for decades (Shaver & Tancredy 2001).

Weiss (2001) stated that it is the persistence of affectively charged representations of the spouse that enable the bereaved to feel a continued connection with the deceased. Bonanno, Wortman and Nesse (2004) found that at 6 and 18 months post loss, receiving comfort from positive memories of one's spouse was most characteristic of the better functioning bereaved. However, in contrast, Field, Gal-Oz, and Bonanno (2003) examined the effects of fond memories about the deceased on grief 5 years post loss and found that having many fond memories was correlated with more grief but uncorrelated with depression and positive states of mind. Carr et al. (2000) argued that emotional adjustment in older adults following spousal loss is linked to the quality of the marital relationship prior to loss. They found that conflicting marriages appeared to weaken rather than intensify grief responses over time. The similar study conducted by Bonanno, Wortman and Nesse (2004) mentioned previously, also showed that individuals who had the most conflicting marriages reported the greatest increases in positive mood post loss.

A child's death:

Sanders (1979-1980) compared grief reactions following three kinds of losses and found that adults experienced significantly higher intensities of grief following the death of a child than following the death of a spouse or a parent. Bereaved parents often experience a grief that is unexpectedly persistent, intense, complex, and enduring. The death of an infant is also accompanied by a multitude of secondary losses, including the loss of hopes and dreams, the loss of the experience of raising a child, and the loss of beliefs in their own future safety and in the future safety of their family and children (Dyregrov & Matthiesen, 1987b). Because of this, parents have reported experiencing strong anxiety up to 4 years following the death of an infant (Dyregrov & Matthiesen, 1987a, 1987b). Gender differences in anxiety remain evident for several years following perinatal loss, with mothers reporting experiencing significantly stronger anxiety than fathers, from 2 months to 2 years after a perinatal or SIDS loss (Dyregrov & Matthiesen, 1987a, 1987b).

Lang, Gottlieb and Amsel (1996) found that bereaved parents reported significantly greater feelings of depersonalization (numbness, confusion and feelings of unreality) than non-bereaved parents up to 3 years after the death of their infant. Mothers have been found to experience depersonalized feelings to a significantly greater extent than fathers when assessed 12 months post loss (Lang & Gottlieb, 1993), 20 to 26 months post loss (Bohannon, 1990-1991; Smith & Borgers, 1988- 1989), and 2 to 4 years post loss (Fish,1986).

Long-term studies indicate that mothers and fathers experience equivalent intensities of anger when assessed more than a year and a half postloss (Bohannon, 1990-1991; Moriarty, Carroll & Cotrano 1996; Stinson et al., 1992). Several common sources of anger have been identified by Cerney & Buskirk (1991). Bereaved parents often express anger out

of an enormous sense of unfairness and injustice; it is common for parents to have jealous or resentful feelings toward other parents and their living babies. Anger can also arise out of a frustrated search for meaning. Blame may be directed inward, resulting in guilt or self-reproach, or it may be directed outward. Wolff, Nelson, and Schiller (1970) investigated ways in which blame was directed by 50 mothers shortly after the perinatal death of their baby. They found that 34% blamed themselves, 18% blamed their husband or their physician, and 20% blamed God or fate.

Incongruent Grieving:

Most couples experience incongruent grieving, often with one adult whose grief could be called cognitive and solitary and the other whose grief is more social and emotional (Gilbert, 1996). Studies of incongruent grieving have suggested that women present an intuitive grieving style, with more sorrow, guilt, and depression than men (Doka & Martin, 2001). Cook (1988) has identified a double bind that bereaved father's experience: Societal expectations are that they will contain their emotions in order to protect and comfort their wives, but they cannot heal their own grief without sharing their feelings, therefore much of the problem may not be in men's grieving, but in our understanding of the mourning process, which largely has been formulated through the study of women.

A fairly large proportion of couples who lose an infant appear to experience serious marital distress stemming from these gender differences in grieving. For example, Fish (1986) found that 70% of parents reported serious marital distress related to incongruent grieving. The source of much of the distress that accompanies incongruent grieving is the popular belief that people are united by intense common experiences. Bereaved couples often

apply this belief to themselves and assume that because they both experienced the same loss, they should expect to experience the same grief.

Cook, (1988) believed that discordant coping strategies also contribute to incongruent grieving and marital distress among mothers and fathers. Women tend to use more expressive and process-oriented forms of coping, while men exert greater control over the expression of painful emotions and cope with such emotions in a more solitary fashion. In terms of social interactions, women tend to talk about their feelings more with others and immerse themselves in their grief, while men tend to assume the role of manager and breadwinner and preoccupy themselves with supporting their wives and engaging in outside activities.

Gender Differences:

It is unclear why gender differences in bereavement exist, according to current available evidence. From a theoretical perspective and from the studies reviewed, there are several possible explanations that may contribute to gender differences in grieving: (a) the differences may be due to differences between mothers and fathers in the bond or attachment they form with the developing infant (Fish, 1986), (b) the differences may have their source in gender differences in reaction to stress (Stroebe & Stroebe, 1983); (c) the differences may be due to differences in gender-role socialisation involving emotional expressiveness and willingness to acknowledge and report emotions (Cook, 1988); (d) the differences may be influenced by different methods of coping among women and men (Cook, 1988); and (e) the differences may have their source in the different identity configurations and different social environments that women and men experience following the loss (Dyregrov & Matthiesen,

1991). However, it is likely that gender differences in bereavement stem from a combination of these causes.

Disenfranchised Grief:

Some losses, however, are not acknowledged or supported by society and the bereaved individuals are often forced to suppress their feelings. This type of grief is referred to as disenfranchised grief. Doka (2002) describes three main types of disenfranchised grief: the first is when the relationship is not socially recognised for example the loss of a partner in a homosexual relationship, an extra marital affair, by capital punishment etc. The second type is when the loss is not socially recognised, this includes miscarriage, abortion or death by suicide, drug or alcohol use. The last type is when the griever is not socially recognised: some members of society are considered to be incapable of grief such as very young children, the mentally disabled or those with dementia.

Personality:

Grief itself casts aspects of personality into a bolder expression so that features of personality may be rendered more recognisable. Among the features highlighted are derivatives of the subject's schematisations of self and others, as well as how the subject handles emotional tendencies, especially how he or she tends to express strong negative affects. Positive self-esteem has been found to be one of the most predictive factors affecting bereavement outcomes. Stroebe & Stroebe (1983) found that in sudden loss a sustained belief in one’s internal control seemed to buffer the stress of loss. They reasoned that persons who experience an unexpected loss need a strong belief that they can still retain control over their life to recover from depression. On the other hand, people with little belief in internal control

may find that the loss reinforces a sense that they have little control over life, exacerbating feelings of depression and hopelessness.

Adaptive Grieving Styles:

Martin and Doka (2000) presented a model of adult grief that recognized the unique nature of the process of bereavement. An individual's grieving style is a reflection of many different variables including personality and culture. Adaptive grieving styles consist of three patterns, *intuitive grieving*, *instrumental grieving*, and *blended grieving*. Patterns of grief are distinguished through the individual's internal experience of loss and outward expression of grief. The intuitive style is marked by a heightened experience and expression of emotion and a desire to talk about the loss. The instrumental style is marked by a more cognitive approach, the desire to control emotion, and a focus on performing tasks and problem solving. Martin and Doka suspected that most people, however, are blended grievers, meaning they make use of both intuitive and instrumental grieving styles, usually with one style more dominant than the other.

While gender may influence style, it does not determine it. Men can be more intuitive and women more instrumental. According to Martin and Doka, individuals experience problems when they try to adopt an approach that is opposite to their natural style. For instance, an intuitive male who tries to appear more "manly" by suppressing his emotions; or an instrumental male who believes his lack of emotion appears as if he didn't truly love his late wife. In either case, *dissonance* arises and disrupts the natural grieving process.

Context:

There are other specific factors that can influence the grieving process, such as context: Many people go missing during war and acts of terrorism. Do their families suffer an additional or different kind of mental health burden than families of people who are known to have been killed? Powell, Butollo & Hagl (2010) conducted a study involving women living in Bosnia and Herzegovina whose husbands were either confirmed as having been killed during the war or who were at the time of the study officially still listed as missing as a result of the war. The results showed that the group with unconfirmed losses had higher levels of traumatic grief as well as severe depression, even when traumatic events and stressors were controlled for. This study represents one of the first empirical confirmations that, at least in a war context, suffering the unconfirmed loss of a family member has specific negative mental health consequences compared to suffering a confirmed loss.

Sudden death is a specific case of loss that has unique characteristics, and makes unique demands on survivors, in the forms and intensity of their grief which differs from anticipated death following a long-term illness. Fast (2003), writing about the aftermath of the Columbine killings in the U.S, argues that sudden death survivors are more vulnerable to experiencing feelings of helplessness, heightened guilt about having failed to prevent the disaster, and a strong need to blame someone for the crisis. Speaking about the Troubles in Northern Ireland, Templer and Radford (2007) argue that a person's perception of themselves being either a victim or survivor of the Troubles is linked to their self-esteem, physical well-being, sense of hope for the future, and their personal emotional and financial security. Pat- Horenczyk and colleagues (2009) contend that individuals responses to trauma are based on complex combinations of risk and protective factors that can be divided into two separate groups: environmental and contextual factors (the nature of the traumatic event,

culture and ethnicity, social support, parental attachment, parental psychopathology), and individual determinants (age, gender, cognitive ability, biological determinants and self-efficacy.

Adaptation:

Even though many people are exposed to loss or potentially traumatic events at some stage in their lives, they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function and retain a capacity for positive affect and experiences. Bonanno et al (2005) conducted a study among bereaved parents, spouses, and caregivers of a chronically ill life partner. Resilience was evidenced in half of each bereaved sample when compared with their nonbereaved counterparts. Resilient individuals were not distinguished by the quality of their relationship with spouse/partner or caregiver burden but were rated more positively and as better adjusted by close friends.

Unfortunately, because much of psychology's knowledge about how adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress, loss and trauma theorists have often viewed this type of resilience, often termed absent grief, as either rare or pathological that results from denial or avoidance of the emotional realities of the loss. (Bonanno, 2004).Literature is currently emerging that emphasizes growth as an outcome of loss. *Posttraumatic growth* is both a process and an outcome in which, following trauma, growth occurs beyond the individual's previous level of functioning (Schaefer & Moos, 2001). Growth outcomes may occur in the individual's *perception of self* (e.g., as survivor rather than victim, or as self-reliant yet with heightened vulnerability), *interpersonal relationships* (e.g., increased ability to be compassionate or intimate, to self-disclose important information, and to express emotions), and *philosophy of life* (e.g., reorganization

of priorities, greater appreciation of life, grappling with the meaning and purpose of life, spiritual change, and sense of wisdom).

On the other hand, Pyszcznski, Solomon, & Greenberg's, (2003) terror management theory states that what appears to be posttraumatic growth is actually cognitive coping, which protects the individual from traumatic events and buffers his or her fear of death. Bowen (1976) also contended with this view and stated that death may produce emotional shock waves of serious life events that can occur anywhere in the extended family in years following a death. He believed that such waves exist in an environment of denied emotional dependence and may seem unrelated to the death. They may trigger additional stressor events and increasingly rigid strategies to maintain stability (Shapiro,2001).

Shear & Monk et al., (2007) also found that avoidance of reminders of the deceased contributed to functional impairment and that complicated grief was a stress response syndrome that results from failure to integrate information about death of an attachment figure into an effectively functioning secure base schema and/or to effectively re-engage the exploratory system in a world without the deceased.

The process of adaptive bereavement from the cognitive perspective is the ability to adapt the thoughts to a new situation; difficulties in doing so indicate dominancy of irrational beliefs that enhances the risk of complicated grief. One study that examined the relationship between loss and irrational beliefs was published by Boelen et al (2004) who examined a group of students who were grieving the loss of a parent or a sibling against a control group of non-bereaved individuals with the object of tracing the relationship between beliefs and emotional responses, and whether a loss affects the cognitive process. They also examined

whether there were differences between bereaved and non-bereaved in their basic suppositions and level of irrational thinking. They found that the group of bereaved had fewer positive beliefs about the significance of the world, of their self-worth, and a higher level of irrational thinking than did the group of non-bereaved. They also showed a connection between the overall usage of irrational thoughts and those specifically associated with bereavement and between symptoms of traumatic grief. Such findings support the proposition that there is a connection between the adaptation to loss, and the ability, even partially, to change the beliefs and adapt them to the new situation.

Bonanno, Keltner, Holen and Harowitz (1995) believed, however, that repressive coping may be an adaptive strategy that is effective in adjusting to bereavement and challenged the widely held assumption that emotional avoidance is a maladaptive response to loss (Bowbly, 1980; Doyle, 1980; Raphael, 1983). They investigated how grievers adapted to losing a spouse during midlife. They viewed emotional avoidance as a maladaptive response when it resulted in either delayed grief, prolonged grief or delayed somatic symptoms. They found no support for the hypothesis that avoiding feelings associated with grief is maladaptive at either 6 or 14 months post loss. This is consistent with Shuchter and Zisook's (1993) findings that the griever's ability to regulate the amount of feeling they can bear is beneficial. It also verifies the work of Kaminer and Lavie (1993), which found that Holocaust survivors who were able to avoid thinking about and remembering their experiences were the best adjusted.

The effectiveness of counseling

In recent years there has been considerable research into the effectiveness of grief counseling. Neimeyer (2000) released a statement which declared that counselling may be harmful to the griever. He retrieved his evidence from a meta-analysis of grief interventions, estimating treatment-induced deteriorations, which represented the proportion of participants who were worse off after treatment than they would have been if they had been assigned to the control group. Neimeyer found that nearly 38% of recipients of grief counseling were worse off at the end of treatment compared to the no-treatment condition.However, Larson and Hoyt (2007), among others, have fiercely contested these findings, claiming that it summarizes a dissertation by Fortner (1999) which had not been subjected to the peer review process.

In contrast, Lambert and Bergin (1994) posited that the average treated person has been found to be better off than 80% of those who do not have the benefit of counselling. Allumbaugh and Hoyt (1999) suggest that grief interventions that begin within a few months of loss is likely to be as effective or possibly even more effective that psychotherapy in general, although men may benefit most from a type where they can express feelings. Parkes (2000) stated that people who have suffered especially traumatic and unexpected types of loss and are vulnerable in other ways may benefit from counseling.

Gallagher, Tracey and Miller (2005) surveyed the views of ex-clients from a U.K branch and found that the majority felt that counselling had been helpful. The majority of the participants in the study had a high regard for their counsellors strengths and qualities, although a few were concerned by their counsellor's approach. Payne et al (2002) conducted a study involving 29 grief counsellors. These counsellors revealed that, although they

recognized that the grief experience is unique to each client they reported drawing primarily on stages/phases/tasks/processes models in their work. Further, despite their acknowledgment that the stages are not progressive or necessary, the counsellors believed that the client could become "stuck" within particular stages, articulating that grief is time bound, and many prioritized facilitating closure of the relationship between the client and the deceased. Rando (1993) stated that because of this some service providers attempt to rigidly fit the person to the prevailing theory and many hold unrealistic expectations about grief, especially concerning the timeline of "healthy" grief and the detachment from the deceased.

Studies have also shown that counsellors experience significantly higher levels of discomfort and display low empathy in dealing with death and dying when compared to other potentially sensitive issues (Kirchberg & Neimeyer, 1991; Kirchberg, Neimeyer, & James, 1998). Asay and Lambert (1999) put forward the four "common factors" that together determine the effectiveness of counselling or therapy. These common factors include client factors (40%), the relationship between client and counsellor (30%), the generation of realistic hope (15%), and the model or technique that is used (15%).

The aim of this study is to evaluate the conflicting support surrounding people's attitudes towards grief. For the purpose of this study parental, spousal and sibling death will be tested against a child's death.

Main Hypothesis:

The first hypothesis of the current study is that there will be a statistically significant difference in attitudes to life between participants who have lost a child, those who have lost a first degree relative from the "other" group and those who were not bereaved.

The second hypothesis of the current study is that that there will be a statistically significant difference between bereaved and non-bereaved individuals who do not accept the past in their attitudes towards life

The third hypothesis of the current study is that there will be a statistically significant difference between bereaved and non-bereaved individuals who do not reminisce about the past in their attitudes towards life.

The fourth hypothesis of the current study stated that bereaved individuals who have received counselling would have a less negative outlook on life compared to those bereaved individuals who have not undergone counselling.

The fifth hypothesis of the current study stated that bereaved men would score lower on acceptance of the past and reminiscing about the past than women

METHOD

Materials:

All instruments were self-administered paper and pencil questionnaires. Some were administered by email and some in person. The questionnaire required participants to state their gender, if they lost a first a first degree relative or not and whether they received counseling in relation to it. If they reported that they were bereaved of a first degree relative they were asked to specify from two groups; either they lost a "child" or "Other"(a parent, spouse or sibling).

In order to evaluate negative attitudes towards life the Beck hopelessness scale (BHS) was used (Beck,1988). This instrument is composed of statements regarding thoughts and beliefs about the future, which are to be answered as either true or false. These items measure three aspects of hopelessness: pessimism about the future, loss of motivation, and negative expectations. The maximum score obtainable on the BHS is 20. Each item is assigned a score of either 1 or 0 with 1 specifying a pessimistic perception and 0 specifying a non-pessimistic perception. Of the 20 true or false statements, 9 are assigned as false, and 11 are assigned as true. The scores are totalled to indicate a total score that can range from 0 to 20 with higher scores identifying greater degrees of hopelessness .The internal reliability is reasonably high (Pearson r= .82 to .93 in seven norm groups), the BHS test-retest reliability coefficients are .69 after one week and .66 after six weeks.

The accepting the past/reminiscing about the past questionnaire is a 27-item scale comprising of two components: acceptance of the past and reminiscence of the past, which discriminates between the evaluation of past experiences from the act of thinking about past experiences (Santor & Zuroff 1994).It is scored on a likert scale ranging from 1 = strongly disagree to 7 = strongly agree. 16 items on the scale relate to accepting the past, while 11

relate to reminiscing about the past. It is scored by summing items on each of the two components after reverse scoring all items marked with a negative sign. If the bereaved scored above the median of 74.5 it was decided that they did accept the past. If bereaved scored above the median 45.5 it was believed the participants did reminisce about the past. If non-bereaved scored above the median of 74.0 it was thought they did accept the past. If non-bereaved scored higher than 41.0 it was thought they did reminisce about the past. It has fair internal reliability with alphas reported as greater than .70 for both scales. Data on stability were not reported.

Participants:

Participants were employed from The Irish Sudden Infant Death Association, consisting of 30 bereaved parents, 30 bereaved spouses and 30 bereaved siblings of both sexes. 30 final year psychology students of both sexes, who were not bereaved of a first degree relative, were obtained from Dublin Business School.

Design:

A between group comparison design was used .The predictor variables were gender and bereavement and the criterion variables were acceptance of the past/reminiscing about the past and negative attitude towards life. A one-way ANOVA and t-tests were used to examine the data

Procedure:

Participants from the bereaved groups were either emailed or presented with the compiled questionnaires during group sessions or fundraising days at The Sudden Infant Death Association. For the non-bereaved group, participants were approached at the end of a

Psychology lecture at Dublin Business School. They were told they could withdraw from the study at any time and that all information was anonymous and in the strictest of confidence. Respondents completed the questionnaire and returned it when completed.

Results

Descriptive statistics, including means (M) and standard deviations (SD), for each of the variables investigated in the current study are presented in the tables below.

The first hypothesis of the current study stated that there will be a statistically significant difference in attitudes to life between participants who have lost a child, a first degree relative from the "other" group and participants who were not bereaved. A one-way ANOVA was carried out to test this hypothesis. There was a significant difference between those who lost a child, "other"(spouse/parent/sibling) and those who were not bereaved ($F(2,87)=8.60$, $p<0.05$). When a Bonferroni adjustment was made for the number of comparisons and then using independent sample t-tests, a significant difference was found in attitudes between those who lost a child and those who had lost a first degree relative from the "other" group ($t(39.35)= 3.714$, $p=.001$, 2-tailed).The negative attitude towards life of those who lost a child ($M=7.70$, $SD = 5.05$) was considerably higher than those of the "other" group ($M= 3.96$, $SD= 2.17$).

There was no significant difference between those who lost an "other" first degree relative and those who were not bereaved ($t(58)= 1.25$,$p=.215$, 2-tailed) .Those who were not bereaved had a higher negative attitude towards life ($M= 4.83$, $SD= 3.09$) than those who had lost a "other" first degree relative ($M= 3.96$, $SD= 2.17$).

There was a significant difference between those who lost a child and those who lost a first degree relative from the "other" group ($t(39.35) = 3.71$, $p= .001$, 2-tailed.Those who had lost a child reported a significantly higher level of negative attitudes towards life ($M=7.70$, $SD= 5.05$) than those who lost a first degree relative from the "other" group ($M= 3.96$, $SD = 2.17$). The results supported the first hypothesis.

Table 1: *Descriptive statistics and group differences on attitudes to life.*

Variables	**Group**	**N**	**M**	**SD**	***f***	***p***
Attitudes to Life	Child	30	7.70	5.05	8.60	.000*
	Other	30	3.96	2.17		
	None	30	4.83	3.09		

Note: p significant at .05 level.

The second hypothesis of the current study stated that there will be a statistically significant difference between bereaved and non-bereaved individuals who do not accept the past in their attitudes towards life. An Independent samples t-test was carried out to test this hypothesis. Although bereaved individuals reported higher level of negative attitudes towards life (M = 6.64, SD = 3.73) than non-bereaved individuals (M = 5.43, SD = 3.29), the Independent samples t-test demonstrated that there was no statistically significant difference between the two groups, t(40) = -1.03, p = .31, two-tailed. These results fail to support the study's second hypothesis.

Table 2: *Descriptive statistics and group differences on attitudes to life.*

Variables	**Group**	**N**	**M**	**SD**	***t***	***p***
Attitudes to Life	Bereaved (*Not accepting of past*)	28	6.64	3.73	-1.03	.31
	Non-Bereaved (*Not accepting of past*)	14	5.43	3.30		

Note: p significant at .05 level.

The third hypothesis of the current study stated that there will be a statistically significant difference between bereaved and non-bereaved individuals who do not reminisce about the past in their attitudes towards life. An Independent samples t-test was carried out to test this hypothesis. Although bereaved individuals again reported slightly higher level of negative attitudes towards life (M = 6.13, SD = 3.90) than non-bereaved individuals (M = 5.36, SD = 3.43), the Independent samples t-test demonstrated that there was no statistically

significant difference between the two groups, t(42) = -.64, p = .53, two-tailed. These results fail to support the study's third hypothesis.

Table 3: *Descriptive statistics and group differences on attitudes to life.*

Variables	**Group**	**N**	**M**	**SD**	***t***	***p***
Attitudes to Life	Bereaved (*Not reminiscent of past*)	30	6.13	3.90	-.64	.53
	Non-Bereaved (*Not reminiscent of past*)	14	5.36	3.43		

Note: p significant at .05 level.

The fourth hypothesis of the current study stated that bereaved individuals who have received counselling would have a less negative outlook on life compared to bereaved individuals who have not undergone counselling. In order to test this hypothesis an Independent samples t-test was conducted. Those individuals who underwent counselling reported a slightly lower level of negative attitudes towards life (M = 5.75, SD = 3.90) than those who have not undergone counselling (M = 6.09, SD = 5.10). However, the results of the Independent samples t-test demonstrated that there was no statistically significant difference in these two mean scores, t(56) = -.287, p = .776, two-tailed. These results fail to support the study's fourth hypothesis.

Table 4: *Descriptive statistics and group differences on attitudes to life.*

Variables	**Group**	**N**	**M**	**SD**	***t***	***p***
Attitudes to Life	Counselling	36	5.75	3.90	.-.287	.776
	No Counselling	22	6.09	5.10		

Note: p significant at .05 level.

The fifth hypothesis of the current study stated that bereaved men will report statistically significantly lower levels of acceptance of the past and reminiscence of the past than bereaved women. Two Independent samples t-test were carried out to test this hypothesis, with an adjusted Bonferonni significance level of .025. Even though bereaved men reported slightly lower levels of accepting the past(M = 73.52, SD = 13.25) than bereaved women(M = 76.97, SD = 17.49), there was no statistically significant difference between bereaved men and bereaved women on acceptance of the past, t(58) = -.811, p = .420, two-tailed. Bereaved men and women did not statistically significantly differ with regards to reminiscence of the past, t(58) = -1.698, p = .095, two-tailed, with bereaved women reporting higher levels of reminiscing on the past (M = 48.48, SD = 9.43) than bereaved men (M = 40.47, SD = 7.91). The results did not support the studies fifth hypothesis.

Table 5: *Descriptive statistics and group differences on acceptance and reminiscence of the past.*

Variables	**Group**	**N**	**M**	**SD**	***t***	***p***
Acceptance of the Past	Bereaved Women	37	76.97	17.49	-.811	.420
	Bereaved Men	23	73.52	13.25		
Reminiscence of the Past	Bereaved Women	37	48.48	9.43	-1.698	.095
	Bereaved Men	23	40.47	7.91		

Note: p significant at .025 level.

During the course of the study, an accidental calculation using an independent sample t-test with an adjusted Bonferonni significance level of 0.25, came across these findings: Bereaved and non-bereaved women significantly differed with regards to reminiscence of the past, t(48) = -2.51, p = .016, two-tailed, with bereaved women reporting higher levels of reminiscence of the past (M = 48.49, SD = 9.44) that non-bereaved women (M = 40.46, SD = 11.25). The magnitude of difference between the two groups was considered to be moderate

(eta squared = .13). However, there was no statistically significant difference between bereaved and non-bereaved women on acceptance of the past, t(48) = -1.08, p = .29, two-tailed

Table 4: *Descriptive statistics and group differences on acceptance and reminiscence of the past.*

Variables	**Group**	**N**	**M**	**SD**	***t***	***p***
Acceptance of the Past	Bereaved Women	37	76.97	17.50	-1.08	.29
	Non-Bereaved Women	13	70.85	18.00		
Reminiscence of the Past	Bereaved Women	37	48.49	9.44	-2.51	.016*
	Non-Bereaved Women	13	40.46	11.25		

Note: p significant at .025 level.

Discussion

The purpose of this research was to examine people's attitudes after the death of a first degree relative. The present study confirmed a difference in attitudes of bereaved and non bereaved participants. Consistent with the hypothesis, participants who lost a child had a higher negative attitude towards life than those who lost a first degree relative in the "other" group. These results would reinforce the research of Sanders (1979-1980) who compared grief reactions following three kinds of losses and found that adults experienced significantly higher intensities of grief following the death of a child than following the death of a spouse or a parent. The high scores of negative attitudes towards life could be explained by what Dyregrov & Matthiesen (1987b) believed to be secondary loses experienced with the death of an infant. Parents have been found to report experiencing strong anxiety (Dyregrov & Matthiesen, 1987a, 1987b) and anger (Bohannon, 1990-1991; Moriarty et al., 1996; Stinson et al., 1992) following the death of an infant. For more precise findings, anxiety or anger could have been measured in this study using a different scale, on parents alone.

However, participants in the "other" group who lost a first degree relative did not have higher negative feelings towards life than those who were not bereaved. An explanation for these results could be found in the Schaefer & Moos' (2001) study, which found that long-term changes in sibling bereavement appear to be positive, especially in terms of maturity, which adolescents relate to appreciation for life, coping successfully, and negotiating role changes, while adults who lost siblings in childhood have reported that these losses brought greater insights into life and death .The present study could be replicated in the future to investigate age differences in the bereaved and how attitudes change across the lifespan. The results, however, do not concur with Brown et al (1986), who considered parental death as having long-term effects on development through a cascading process. The study consisted of

longitudinal research on the development of depression in adult women, who experienced the death of a parent in childhood. Alternatively, Haine et al (2003) found support for self-esteem and control beliefs as additional individual-level protective resources for parentally bereaved children.In relation to spousal death the results could correspond to that of Miller & Wortman (1991) who maintained that women cultivate a larger network of family members and friends, to whom they find it easier to turn in times of need. This higher social integration and support may buffer the stressful experience of losing their husbands.

For the purpose of this study, participants who lost a parent, spouse or sibling were placed in the same group. This was in light of the findings of Moss, Moss & Hansson (2001) who found that surviving siblings were been experienced functioning and cognitive states similar to those of surviving spouses. These results could lead one to conclude that even though many people are exposed to loss or potentially traumatic events at some stage in their lives, they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function and retain a capacity for positive affect and experiences. Bonanno et al (2005) conducted a study among bereaved parents, spouses, and caregivers. They found that resilience was evidenced in half of each bereaved sample when compared with their non-bereaved counterparts. However, resilient individuals were rated more positively and as better adjusted by close friends, while the present study obtained the personal opinions of the bereaved themselves.

The results would also correspond with Schaefer & Moos (2001) who put forward that posttraumatic growth an outcome in which, following trauma, growth occurs beyond the individual's previous level of functioning and which may occur in the they're perception of self, interpersonal relationships, and philosophy of life. However, Pyszcznski, Solomon, &

Greenberg's, (2003) terror management theory states that what appears to be posttraumatic growth is actually cognitive coping, which protects the individual from traumatic events and buffers his or her fear of death. The debate surrounding personal growth after bereavement highlights the necessity for further research in this area.

For more in-depth findings, future research could obtain a larger sample and split the "other" group into individual groups of participants who lost a spouse, parent or sibling. Using age as a demographic could also obtain more specific results, although participants in this study were all over the age of 18.Another contributing factor to these findings could be that questionnaires were given out to the students at D.B.S during the last semester of their final year. The students could have been highly stressed which would have contributed to their high scores of negative attitudes towards life. A more affective means of measuring their attitudes would be to retrieve the sample at a less stressful period.

Although bereaved individuals, who did not accept the past, reported a higher level of negative attitudes towards life than non-bereaved individuals, the present study did not confirm a difference between the two groups. While bereaved individuals, who did not reminisce about the past, reported slightly higher level of negative attitudes towards life than non-bereaved individuals, the study did not confirm a difference between the two groups. The results were inconsistent with the second and third hypothesis. The results would slightly support the work of Shear et al (2007) who significantly found that avoidance of reminders of the deceased contributed to functional impairment. They held that complicated grief was a stress response syndrome that results from failure to integrate information about death of an attachment figure into an effectively functioning secure base schema and/or to effectively re-engage the exploratory system in a world without the deceased.

These results could slightly support the idea of adaptive bereavement from the cognitive perspective, which is the ability to adapt thoughts to a new situation; difficulties in doing so indicate dominancy of irrational beliefs that enhances the risk of complicated grief. The current study would slightly be in conjunction with Boelen's et al(2004) study, which examined the relationship between loss and irrational beliefs within a group of students who were grieving the loss of a parent or a sibling against a control group of non-bereaved individuals. They're results found that the group of bereaved had fewer positive beliefs about the significance of the world, of their self-worth, and a higher level of irrational thinking than did the group of non-bereaved. They also showed a connection between the overall usage of irrational thoughts and those specifically associated with bereavement and between symptoms of traumatic grief. Boelen's findings support the proposition that there is a connection between the adaptation to loss, and the ability, even partially, to change the beliefs and adapt them to the new situation. One of the main discrepancies when undertaking the study was to find a suitable measure of avoidance of the past. The acceptance of the past/reminiscing about the past seemed to be the most suitable. This could arguably be the cause of the discrepancy in the literature and the results.

Those individuals who underwent counselling reported a lesser level of negative attitudes towards life than those who had not undergone counseling, but it was of no statistical significance. The results could possibly be more in favour of the views of Lambert &Bergin (1994) who postulated that the average treated person has been found to be better off than 80% of those who do not have the benefit of counselling. A possible explanation for the unconfirmed results could be found in the Allumbaugh and Hoyt (1999) study. It suggests that grief interventions that begin within a few months of loss are likely to be as effective. Parkes (2000) also put forward that people who have suffered especially traumatic and

unexpected types of loss and are vulnerable in other ways may benefit from counseling. These findings would suggest that examining the time between bereavement and seeking help, while also taking into account the circumstances of the death, could have changed the results significantly.

Another factor that could have contributed to the results would be the relationship between the counsellor and client. Asay & Lambert (1999) believed that the relationship between client and counselor determined effectiveness of counseling by up to 30%. Studies have also shown that counselors experience significantly higher levels of discomfort and display low empathy in dealing with death and dying when compared to other potentially sensitive issues (Kirchberg & Neimeyer, 1991; Kirchberg, Neimeyer, & James, 1998). These are noteworthy findings, and may be a contributing factor in explaining why the participants who did receive counseling did not have a significantly better attitude to life than those who did not receive any counseling. In a replication of the current study, requesting the satisfaction with the client/counselor relationship could yield different results. Further research with a larger sample size would also have to be carried out to validate whether Neimeyer's (2000) statement that counselling may be harmful to the griever is actually correct.

There was no difference between bereaved men and bereaved women on acceptance of the past, however, bereaved women reported slightly higher levels of accepting the past than bereaved men. Bereaved men and women did not statistically significantly differ with regards to reminiscence of the past, but bereaved women were also found to report slightly higher levels of reminiscing on the past than bereaved men. These results slightly support the notion of incongruent grieving in gender, where males grief is thought to be more cognitive

and solitary and women's more social and emotional (Gilbert, 1996), the results may suggest that even though males may contain their emotions, it does not mean they don't address them. Cook's (1988) identification of the double bind that bereaved father's experience may be valid but perhaps they can address their own grief without sharing their feelings.Martin and Doka's (2000) model of adult grief demonstrated the uniqueness of individual grieving styles. Adaptive grieving styles consist of three patterns, intuitive grieving, instrumental grieving, and blended grieving. The intuitive style is marked by a heightened experience and expression of emotion and a desire to talk about the loss. The instrumental style is marked by a more cognitive approach, the desire to control emotion, and a focus on performing tasks and problem solving. Martin and Doka suspected that most people, however, are blended grievers, the results of the study would slightly support this statement. It shows that while gender may influence style, it does not determine it. A way to advance these findings would be to compare groups of men using a larger sample, as a considerable amount of research into the women's mourning process has been conducted more so than men's.

During the course of the study, it was accidentally found that bereaved women reporting higher levels of reminiscence of the past and therefore about the past that non-bereaved women. It did not confirm that bereaved women did not accept the past more so than non-bereaved women. An explanation for these results could be in Shear, Monk et al's (2007) study which found that avoidance of reminders of the deceased contributed to functional impairment. To question the study further the current study should have tested the participant's attitudes and compared them with Shear, Monk et al's study.

A reason for the discrepancies in the overall results could be due to the length of time it took to complete the questionnaire. Although it did not take much time to complete, it was

quite lengthy. The format of the questions were close ended, allowing for completion of the task in a relatively short amount of time, however the participants could have wanted to answer the questions as quickly as possible in order to finish, this of course have repercussions on the accuracy of the results.

Comparing the types of death could also be examined as Fast (2003) has argued that sudden death survivors are more vulnerable to experiencing feelings of helplessness. This suggestion proposes yet another improvement which could be made in the study. The sample used could also be modified. The non-bereaved group was students at D.B.S, which were from a younger population compared to those who had lost a child, spouse, parent or sibling. Retaining a sample from a similar age group could yield greater results in the future. During the literature review there was not a considerable amount of research found on the topic of grieving styles and how they would relate to personality. Another recommendation for future studies would be to examine personality types and whether they would correlate with acceptance of the past and reminiscing of the past.

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Apendix A: *Compiled Accept Past/Rem Past & Becks Hopelessness Questionnaire*

Please complete sections A & B

***IF YOU ARE REPLYING BY EMAIL PLEASE UNDERLINE THE ANSWER YOU GIVE**

Gender (circle one): Male Female

Have you lost a first degree relative? (Circle one): A Child
Other (Spouse, Parent, Sibling)
None

If you are bereaved, have you received counseling in relation to it? Yes No

Section A:

Here are some statements regarding the way you may feel about your past. Read each of the statements and tell us whether you agree or disagree *and* to what extent. If you *strongly agree,* circle "7"; if you *strongly disagree*, circle "1". If you are uncertain or don't know, circle "4". Use whatever number is correct for the way you feel. Think about each of the questions carefully before answering.

1	2	3	4	5	6	7
Strongly Disagree	Disagree		Not certain/ don't know		Agree	Strongly agree

1	Thinking about my past brings more pain than pleasure.	1 2 3 4 5 6 7
2	I would rather talk about the present than about things from the past	1 2 3 4 5 6 7
3	I feel comfortable talking about things I've done in the past.	1 2 3 4 5 6 7
4	Sometimes I have the feeling that I've never had the chance to live.	1 2 3 4 5 6 7
5	The difficult parts of my past I just ignore.	1 2 3 4 5 6 7
6	There are things from my past that I have to set right, before I can be truly happy.	1 2 3 4 5 6 7
7	I do not think about experiences from my past very often.	1 2 3 4 5 6 7
8	There are things about my past that frighten me.	1 2 3 4 5 6 7
9	I tend to ignore the difficult parts of my past rather than dealing with them.	1 2 3 4 5 6 7

10	Although my past experiences are important to me, I prefer not to think about them.	1 2 3 4 5 6 7
11	There are some disappointments in my life that I will never be able to accept.	1 2 3 4 5 6 7
12	Some personal experiences from earlier on are still too too difficult to talk about	1 2 3 4 5 6 7
13	Generally, I feel contented with the way my life has turned out.	1 2 3 4 5 6 7
14	There are things about my life that I have difficulty accepting	1 2 3 4 5 6 7
15	I have not led a very meaningful life.	1 2 3 4 5 6 7
16	I look back on the things I have done with a sense of satisfaction.	1 2 3 4 5 6 7
17	I have no desire to think about the past.	1 2 3 4 5 6 7
18	I often think about past experiences.	1 2 3 4 5 6 7
19	All in all, I am comfortable with the choices I've made in the past.	1 2 3 4 5 6 7
20	When I look back on my past, I have a feeling of fulfilment.	1 2 3 4 5 6 7
21	I like to reminisce about my past.	1 2 3 4 5 6 7
22	I still feel angry about certain childhood experiences.	1 2 3 4 5 6 7
23	I try to remember as much information from my past as I can, both the good experiences and the bad experiences.	1 2 3 4 5 6 7
24	I have not rejected my past, nor have I accepted it, I just leave my past alone.	1 2 3 4 5 6 7
25	I don't worry about things that happened a long time ago.	1 2 3 4 5 6 7
26	I generally feel contented with what I have done so far in life.	1 2 3 4 5 6 7

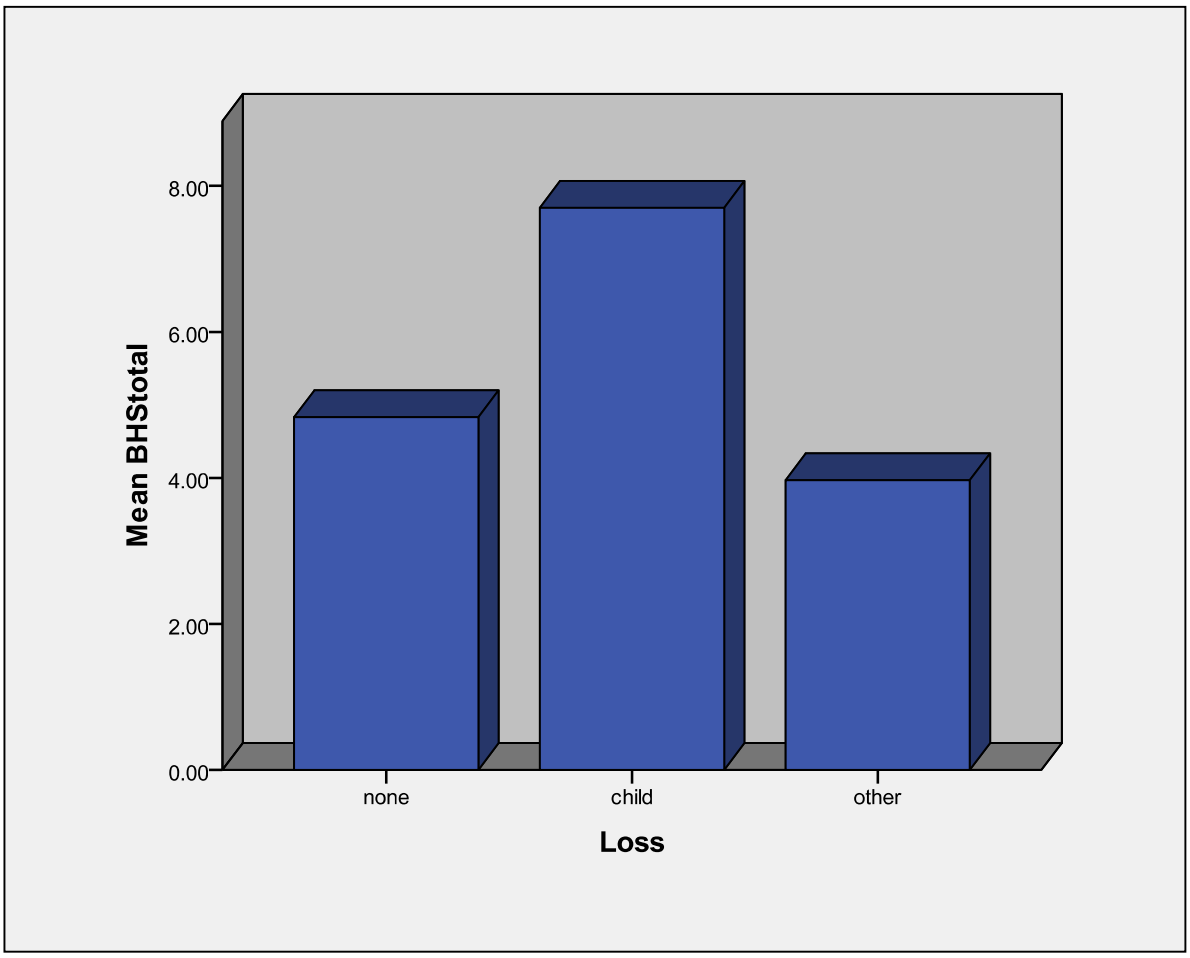
Section B:

If the statement describes your attitude, mark the 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, mark the 'F' indicating FALSE in the column next to the statement.

1	I look forward to the future with hope and enthusiasm.	T	F
2	I might as well give up because there is nothing I can do about making things better for myself.	T	F
3	When things are going badly, I am helped by knowing that they cannot stay	T	F

	that way forever.		
4	I can't imagine what my life would be like in ten years.	T	F
5	I have enough time to accomplish the things I want to do.	T	F
6	In the future, I expect to succeed in what concerns me the most.	T	F
7	My future seems dark to me.	T	F
8	I happen to be particularly lucky, and I expect to get more of the Good things in life than the average person.	T	F
9	I just can't get the breaks, and there is no reason I will in the future.	T	F
10	My past experiences have prepared me well for the future.	T	F
11	All I can see ahead of me is unpleasantness rather than pleasantness.	T	F
12	I don't expect to get what I really want.	T	F
13	When I look ahead to the future, I expect that I will be happier than I am now.	T	F
14	Things just don't work out the way I want them to.	T	F
15	I have great faith in the future.	T	F
16	I never get what I want, so it's foolish to want anything.	T	F
17	It's very unlikely that I will get any real satisfaction in the future.	T	F
18	The future seems vague and uncertain to me.	T	F
19	I can look forward to more good times than bad times.	T	F
20	There's no use in really trying to get anything I want because I probably won't get it.	T	F

Appendix B: *Bar Chart showing the three groups and their attitudes to life*



Appendix C: *A Bar Chart showing the effects of counselling on attitudes.*